

In re Application of:

Docket No. 35.G2089

SEISHI EJIRI

Application No.: 08/997,706

Filed: December 23, 1997

For: DATA COMMUNICATION SYSTEM

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231



Examiner: K. Vu

Group Art Unit: 2722

Date: August 23, 1999

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on 8/23/99
(Date of Deposit)

DAVID L. SCHAEFFER

Name of Attorney For Applicant

Signature Date of Signature 8/23/99

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						RECEIVED AUG 30 1999 TECH CENTER 2700 ADDITIONAL FEE
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	
TOTAL CLAIMS	* 20	MINUS	** 20	= -	x \$9 \$18	-
INDEP. CLAIMS	* 7	MINUS	*** 7	= -	x \$39 \$78	-
Fee for Multiple Dependent claims \$130°/\$260						No
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$380.00 to cover the Extension fee for response within a total of five months is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our below listed address.

David J. Schaeffer
Attorney for Applicant

Reg. No. 32,716

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